

So she applied to get some supplemental food benefits under the WIC program, which comes only once a month. When those benefits ran out, she went to the office for more help, and they said there was none. Without additional support, she was forced to dilute the formula with water, causing the baby to become malnourished. As a result of malnourishment, the baby developed something called starvation diarrhea, a very serious and very painful illness. When the baby's parents took her to the hospital, her diarrhea had become so severe that she was treated in the same way as people with severe burns. She stayed in the hospital for 10 days. Remember, this is a family with parents who worked, whose baby was born healthy, who had health insurance. They simply fell victim to this economy.

I read another article recently about an insurance company called Fortis, one of the largest in the country. Fortis designed a computer program that would automatically flag any policyholder with HIV-AIDS and trigger an automatic fraud investigation. Knowing the treatment was expensive, the executives were looking for anything they could use to revoke health insurance policies for people with HIV. Then, when nothing turned up, they would essentially invent a reason.

Now I know everyone in this room has at least 20 stories like this. And after hearing just one of them, I can't understand how anyone with a conscience can stand in the way of reform for one second. I've sat in this Chamber and listened to hours of foolishness and nonsense about what this bill will allegedly do. Despite being deafened by a year's worth of Republicans banging on the table, I'm thrilled we're going to get a chance to vote on a health care reform bill that will help millions of Americans. Eighty years from now, like the 80 years ago when Social Security passed, 80 years into the future people will look back at this as the bill that helped them take a sick child to the doctor. They'll look back and be shocked that there was a time when insurance companies were allowed to deny health coverage—even to children—just because they were sick, because they had a preexisting condition. And they'll be appalled that anyone would refuse to vote for this bill for no other reason than political grandstanding or trying to gain political advantage in the next election.

When we hit 216 votes on Sunday, I'm going to be proud that we will be helping millions of Americans right now and here in this day but also generations that are yet to come. A country is judged by how it handles the people who are least able to care for themselves. And when you're sick and you don't have health insurance and your country says, We don't care—go to the emergency room, that's your health care. Stand in an 8-hour line, that's your health care. We're going to change that on Sunday.

□ 1845

### THE PRISON OF TYRANNY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, "These are the times that try men's souls. The summer soldier and the sunshine patriot will, in this crisis, shrink from the service of their country. But he that stands by it now deserves the love and thanks of man and woman. Tyranny, like hell, is not easily conquered; yet we have this consolation with us, that the harder the conflict, the more glorious the triumph."

Thomas Paine spoke these words at another crossroads in this Nation's history, back when Americans were fighting the tyranny of King George and the British Empire. The question to be asked today is: Will we stand up to government tyranny as our Founding Fathers did over 200 years ago?

Government is taking over every aspect of our lives, and it's not just the big things, like the automobile industry, the banking industry, student loans, home mortgages. They're telling us what kind of cars we can drive, what kind of lightbulbs we can use, and they're even telling us how much water we can put in our toilets. We are living under the ever-growing oppression of government. The government has stolen our liberty one right at a time. They are building us into a prison of tyranny. Brick by brick, that wall of tyranny increases every day as the Federal Government intrudes into our personal liberty and takes over every single aspect of our lives.

Have we forgotten about the unaccountable czars who work in the shadows? At last count, we have 45 czars that rule over us. Most of them have not been confirmed by the Senate, as required by the Constitution. We've got a behavioral science czar that's studying human behavior. The government wants to know how they can influence human conduct. It sounds a bit like the book "1984" to me. We have a bailout czar. We have a border czar, but nobody knows whether the border czar is to secure the border or open it up.

We don't know what these czars do. We have a climate change czar and a communications diversity czar. We have a disinformation czar. It sounds like he should be called the "government propaganda czar" to me. We have two economic czars. We probably could use a few more of those. We have an energy czar, a food czar, a Great Lakes czar, and a Gitmo closure czar. We have a pay czar, and we have a religion or God czar. With our government, we don't know whether he's for or against God and religion.

We have a safe school czar, a science czar who wrote a controversial book from promoting population control. Now isn't that lovely. What are all of these people doing? Why are they working in the shadows, controlling our liberty?

Today as we debate health care, the government wants to take over America's health care system. We'll have a health care czar and a health choices czar because we're not smart enough, according to the government, to sit down with our own doctors and decide what's best for our own health care. So some bureaucrat here in D.C. has to decide for us. The health care takeover gives the Federal Government access to our bank accounts and our private medical records. The IRS will get 16,000 new agents to snoop around in these records. Whatever happened to the right of privacy?

This is not about health, and it's certainly not about care. This is about government control over every aspect of our lives without accountability and against the will of the people. In the long, lamentable catalog of human history, a person or a people yearning to be free have had to make tough choices. Will we stand at this hour for government tyranny or personal liberty?

As Patrick Henry once so famously said: "I know not what course others may take; but as for me, give me liberty or give me death." Now our choice today is the prison of tyranny or the frontier of freedom. Let us choose wisely or suffer the abominable chains of the oppression of tyranny.

And that's just the way it is.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

### HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. SOUDER) is recognized for 5 minutes.

Mr. SOUDER. Mr. Speaker, I want to talk for a few minutes again on the health care bill that's pending that has millions of Americans upset, near panicked. Obviously, we have health care problems in America. I don't know how to answer some of the people who have preexisting conditions with their kids, who have lost their jobs or different challenges, but you don't need to have this type of bill to address those.

We've offered solutions from trying to limit defensive medicine to doing it across State lines. Clearly, we are going to have to spend some money to try to address the preexisting conditions and catastrophic, but you could do that and still keep the private sector by having some form of reinsurance that may or may not be subsidized to the individual or through the government in a pooling process. But there are ways to address this other than making the government the de facto center of the entire health care industry.

I want to talk about four particular things. One is that in this is one of the most weird economic terms: "unearned income." There is a tax increase on unearned income. Unearned income is income you've already been taxed for once. If you put your money in an investment fund or you put it in buildings or in annuities, you've been taxed on that. It's not unearned income. And for years, we've encouraged people to save so our Social Security system didn't go broke, so our Medicare system didn't go broke. Now we're going to tax those who've saved, and we're going to put a penalty on keeping people from saving. It seems counterintuitive that when we're facing these huge challenges in a retirement system that we would raise taxes on the very thing that we've been encouraging people to do.

Then we have the question of industries like the orthopedics. In Warsaw, Indiana, a city of about 15,000 people, three of the four biggest orthopedic companies in the world are centered there: Zimmer, DePuy and Biomet. In addition, you have Medtronic with a large facility there and lots of other small ones. They bought the biggest companies in Switzerland, Germany, and France. It's a category where we lead the world. So what's our solution? If we're the ones leading the world, we're the ones inventing new things—well, we're going to tax them, so maybe they'll leave.

They only have two choices. Since the new tax is half of their R&D cost, they can either stop the R&D so we won't know 20 years from now—I had one 13-year-old ask me on a teletown hall call the other night ask me, How will this bill affect me long term with my health coverage? I said, I don't really know because the way we're taxing orthopedic companies and these, we won't know what would have been invented. The way we're taxing the pharmaceutical companies, we won't know what drugs would have been invented because we're driving it out of the U.S. or out totally if they can't make money on it anywhere in the world. So that's another part of this bill.

Then I heard one Member on the floor tonight repeat one of the most often heard myths, that because Canada covers their health care, the health care for GM was cheaper. In fact, our Auto Caucus met with the head of GM when we were talking about what we were going to do related to GM. He said in direct response to some of the Members from the other party's question, No, our costs are higher in Canada. It was so counterintuitive, every Member was asking why they were higher in Canada. They said, Well, unions aren't going to take the base plan. They ask for the base plan with a supplement because the base plan in Canada and England isn't satisfactory. So if you have enough power, you will negotiate it more, plus the taxes are higher in Canada. He said, that's why—and that's why GM has followed through with

this, as well as Chrysler—jobs have moved down to the U.S. because our health care was cheaper. How did this myth start? Why do we keep hearing that constantly repeated when they know the difference.

The other point I wanted to make is on the so-called savings in Medicare. How are they getting savings from Medicare? Partly from eliminating your choice of Medicare Advantage, the only program that's ever come in under budget as part of Medicare because we had the big insurance companies negotiating them with the big pharmaceutical companies. Rather than having somebody in a government office who didn't know their head from a hole in the ground making the negotiations, quite frankly, we put people who are actually bottom line people who could figure out what the margins were and what they could survive with and move ahead with. That's why Medicare Advantage works. But they're going to do it by controlling the utilization of equipment.

We never had a discussion about utilization of equipment. They want to say 80 percent. In Indiana, the only city that can meet 80 percent on heart, on oncology and so on is Indianapolis. So Fort Wayne 270,000 people, the South Bend region with another 200,000 people, other parts of the State can't reach that utilization. That's the hub and spokes system, only they're moving the hubs to the bigger cities in the United States.

We're not talking about whether you can have this type of thing in rural areas. We're talking about whether the type of diverse health care spread out with access all over America is going to be changed in the name of cost savings. It is a way to save money because people then have to do just like veterans do in the hospital system: they have to pay their gas. They have to decide if they're going to stay overnight. If they get canceled, they have to drive back home or get a motel. All that has shifted to the individuals. No discussion. No discussion about that little clause in there that talks about utilization of equipment; yet it's brutally already being implemented. So I hope that somehow in the next 48 hours, a miracle occurs, and we can defeat this bill.

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The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFazio) is recognized for 5 minutes.

(Mr. DEFazio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

## DOCTORS TELL CONGRESS TO VOTE "NO"

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. Well, here we are, folks, Friday night. People are going to the movies, having dinner with their kids and grandkids, and we're here in the Capitol of the United States trying to screw up everybody's life.

Let me just give you a little information we found today. Mr. Speaker, 46 percent of the primary care doctors in this country said if this bill passes, they'll leave medicine. Now think about that. Let's just say that that's off by 75 percent. Let's say only a fourth of that happens, and we only have, say, 10 or 15 percent of the doctors leave primary care because of this bill. What do you think that's going to do to the patients? We're going to have more patients, according to this bill, because they're going to bring in more people, maybe some illegal aliens and people that aren't completely covered right now. So we're going to have fewer doctors and more patients.

What is that going to result in? It's going to result in what we've all been talking about for a long time, and that is rationing of health care because you won't be able to take care of all these people. You have to pick and choose. It's going to cost more, and there's going to be long waiting lines like they have in other countries that have socialized medicine. I just can't hardly believe that we're doing this.

You know, in Massachusetts, today I watched on television the Democrat treasurer of Massachusetts said on television just a couple of hours ago that their State is going to go bankrupt because of their public health program, which parallels what they want to do here in Washington. I mean, think about that. Massachusetts has a system like this. Their State treasurer—not a Republican, a Democrat—says that they're going bankrupt because of it. And yet we're doing the same thing only more in spades right here in the Congress of the United States, and we're not hearing as much about it as we should.

Now, I want to real quickly read to you just to let you know what the doctors think. We have some doctors who are going to be talking here tonight, some very eminent doctors. The State medical associations that are opposed to this: the States of Alabama, Delaware, District of Columbia, Florida, Georgia, Kansas, Louisiana, Missouri, New Jersey, Ohio, South Carolina, Texas, the American Academy of Dermatology, American Academy of Facial Plastic and Reconstructive Surgery, American Academy of Ophthalmology. It just goes on and on and on. There's probably 100 of them here. And they're not listening to these people. They're telling us in Congress that people are going to leave the practice of medicine.